



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 650.00**Complete if Known**

Application Number	10/766,361
Filing Date	January 28, 2004
First Named Inventor	Dennis G. Griepentrog
Examiner Name	Hae M. Hyeon
Art Unit	2839
Attorney Docket No.	335.912

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-1170 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra	Claims	(\$)	Fee	Paid	(\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
23	- 20 or HP =	0	x		=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra	Claims	(\$)	Fee	Paid	(\$)		
4	- 3 or HP =	1	x	\$200.00	=	\$200.00		

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra	Sheet Number of each additional 50 or fraction thereof	Fee	Fee	Paid
	- 100 =	/ 50 =	(round up to a whole number) x		

(\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Two Month Extension of Time**Fees Paid (\$)**\$450.00**SUBMITTED BY**

Signature	<u>Andrew S. McConnell</u>	Registration No. (Attorney/Agent)	32,272	Telephone	414-225-9755
Name (Print/Type)	Andrew S. McConnell	Date	7/5/05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JPV

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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/766,361	
	<b>Filing Date</b>	January 28, 2004	
	<b>First Named Inventor</b>	Dennis G. Griepentrog	
	<b>Group Art Unit</b>	2839	
	<b>Examiner Name</b>	Hae M. Hyeon	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	335.912

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
DECLARATION and POWER OF ATTORNEY		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Andrew S. McConnell, Registration No. 32,272 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C., Customer No.: 23598
Signature	<i>Andrew S. McConnell</i>
Date	7/5/05

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: July 5, 2005	
Type or printed name	Dawn M. Oleszak
Signature	<i>Dawn M. Oleszak</i>
Date	July 5, 2005

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